

EXHIBIT E

CHALLENGES AND SOLUTIONS IN THE OPIOID CRISIS

HEARING BEFORE THE COMMITTEE ON THE JUDICIARY HOUSE OF REPRESENTATIVES ONE HUNDRED FIFTEENTH CONGRESS SECOND SESSION

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ognize this more broadly, or is there continuing medical education or medical schools are onto this? Are they trying to train their doctors in a different way than, let's say, 10 years ago?

Mr. PATTERSON. I hope. I mean, look, we strongly support CME, or continuing medical education, in this space. I think that is a critical piece of what we see. DEA does outreach on a voluntary issue with the doctors, and I think the other thing that we are doing is trying to communicate much better with the 1.7 million registrants through the ability that we have to send them notifications and things; again, all voluntary. But I go back to the fact that I look at the vast majority of doctors: 99.99 percent are all trying to do right by their patients. So, I think the key is to, again, keep working on it educational process.

Mr. SENSENBRENNER. The gentleman's time has expired. The gentleman from Arizona, Mr. Biggs.

Mr. BIGGS. Thank you, Mr. Chairman, and thank you, Mr. Patterson, for being here today. It has been a very informative hearing. If I understand right, the vast majority of fentanyl and its derivatives are coming from China through Mexico across the southern border. Is that a fair takeaway?

Mr. PATTERSON. There are two different trends. So, you have bulk, you know, the larger quantities coming across the southern border. I think you have much more smaller packages coming directly in through China into the United States.

Mr. BIGGS. And I think in the second panel there will be a lady testifying of a young man who received it directly from China. But in this instance, I was curious about the role of Phoenix and the Tucson corridor for both transfers across the border. Can you elaborate on that a little bit, and also the efforts to interdict?

Mr. PATTERSON. All of those points of entry into our country have been blitzed with not just opioids but methamphetamine and other drugs coming across the southern border. Our border offices—so, you know, Texas, certainly Phoenix, or Phoenix division, San Diego, and El Paso, where these places are—it is the bulk of our work trying to deal with the mass quantities coming across the border, and that is where those folks primarily focus their efforts.

Mr. BIGGS. You talked about China, and then, as you squeeze the balloon, you are seeing that there is a potential moving to India, trying to fill a void if you are able to suppress China. And in your written testimony you elaborated quite a bit about China, and you talked about DEA liaison in in China. Can you tell me, what does that liaison do exactly, and how is that helping to slow the flow?

Mr. PATTERSON. So, our personnel that sit in China currently—the key is that intelligence sharing back and forth and an ongoing dialogue of things that they can do to help us in our process, and, frankly, training each other. So, we have had a number of them come over to understand from a chemistry side how to look at things that we are seeing. And a lot of this goes back to them trying to schedule the various analogues over in China, because we do see that when they do scheduling actions it has an impact in that country, which ultimately impacts us and what we are seeing here.

Mr. BIGGS. I am glad you said that, because that was my next question. Have the joint efforts produced some kind of positive reduction?